## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instruc	ctions to the Form 550	0-SF.			
Part I	Annual Report	Identification Information						
For calend	ar plan year 2012 or fis	scal plan year beginning 01/01/20	112	and ending 1	2/31/2012	2		
	turn/report is for:	a single-employer plan	=	lan (not multiemployer)		a one-particip	ant plan	
<b>B</b> This ref	turn/report is:	the first return/report	the final return/report					
		X an amended return/report	a short plan year return	n/report (less than 12 m	onths)			
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	m	
	-	special extension (enter descript	tion)		_			
Part II	Basic Plan Info	rmation—enter all requested inform	mation					
1a Name	1	enter an requested infor	nation		<b>1b</b> Th	ree-diait		
		INC. PROFIT SHARING PLAN				n number		
	,				(PI	N) •	001	
					1c Eff	ective date of	plan	
						01/01/	1991	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) DENVER SANITARY COMPANY, INC.						nployer Identif N) 84-018	ication Number	er
						onsor's telepl	hono numbor	
2464 WALNUT STREET					<b>20</b> Sp	303-295		
	3161 WALNUT STREET DENVER, CO 80205					siness code (	see instruction	ns)
						56200		110)
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponsor	Name Same as Plar	n Sponsor Address	<b>3b</b> Ad	ministrator's E	 EIN	
				-,				
					3c Adı	ministrator's t	elephone nun	nber
					_			
		e plan sponsor has changed since the	e last return/report filed for	or this plan, enter the	4b EII	N		
	, EIN, and the plan hur or's name	mber from the last return/report.			<b>4c</b> PN	ı		
		at the beginning of the plan year				•		10
_		0 0 , ,			5a			
		at the end of the plan year			5b			8
		account balances as of the end of the	. , ,	•	5c			8
							Voc [	☐ No
		s during the plan year invested in elig the annual examination and report of					X Yes	] 110
		? (See instructions on waiver eligibility					X Yes	No
		ther line 6a or line 6b, the plan can						_
Caution: A	nenalty for the late	or incomplete filing of this return/re	enort will be assessed	unless reasonable cau	ise is est	ablished.		
	•	her penalties set forth in the instruction	•				able, a Sched	lule
SB or Sche	edule MB completed ar	nd signed by an enrolled actuary, as						
belief, it is	true, correct, and comp	olete.						
SIGN	Filed with authorized/	valid electronic signature.	10/15/2014	JANE SMITH				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signin	g as plan adm	ninistrator	
SIGN	Filed with authorized/	valid electronic signature.	10/15/2014	JANE SMITH				
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing	g as employe	r or plan spor	nsor
Preparer's		ame, if applicable) and address; inclu	ude room or suite numbe				number (option	

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Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) E	nd of \	'ear	
a	Total plan assets	7a	34265			3398				7
	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	34265	1					33956	7
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:		(1)							
	(1) Employers	8a(1)	2500	0						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	199	2						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2699	2
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3007	6						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3007	'6
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-308	34
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2R 3D	feature co	des from the List of Plan Char	acteris	tic Code	s in	the inst	ruction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	c Codes	in tl	ne instr	uctions	-	
Part	V Compliance Questions									
10	During the plan year:				Yes N	No.		۸۳	ount	
a	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		All	Ount	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b	,	X				
c	Was the plan covered by a fidelity bond?			10c	)	X				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud		,	<b>~</b>				
e	or dishonesty?			10d	,	X				
·	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10-	,	X				
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f						
g	Did the plan have any participant loans? (If "Yes," enter amount a	•	<u> </u>	10g	,	X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)										
11a					11			····   <u> </u>	. 00	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 302	2 of	ERISA?	· [	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)							
<u>a</u>	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
b	b Enter the minimum required contribution for this plan year									

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

FROM : VVI/(U/ZU14/FK! U1:U/FA

FAX No.

P. 003/005

Form 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	yee	T	OMB Nos. 1210-0110	
Warral Revolve Service	This form is required to be a	Bed under senion - 104	and 4065 of the Employe	Be .	\ <u></u>	2012	
Concrete to Labor Security Administration	Retirement income Security Active Inte	8(a) of	This Form is Open to Publi				
Pennion Benefit Guaranty Corporation	Complete all entries in acco				1	ns paction	
Hartil Annual Report lo	ennicaudo intormanos	11 THE THE PARTY OF THE PARTY O	account to the LOUIT COL	W34.	<u>, L., </u>		
For calender plan year 2012 or fiscs	I plan year beginning	01/01/2012	end ending	1	2/31/2012		
_	g single-employer plan	a multiple employer	pian (not multiemployer)		s one-particl	sent sten	
B This return/report is:	the first return/report	the fine) return/repor	,		[] pe.	watte bight	
<u> </u>	an amended return/report	a short pian year ret	um/report (less than 12 re	enths'	1		
C Check box if filing under:	Form 5558	automatic extension			DFVC progre		
Ī	special extension (enter desorpt				- Direction		
Ran II Basic Plan inform							
1a Name of plan	300 A 100 A	SATURGOTT		46	Three-digit	T	
DENVER SANITARY COMP	RMY, INC. PROFIT SPARIN	red for over			bian unwher	1	
				44	(PN) ► Effective date o	001	
				'`	01/01/1991	A bigu	
24 Pian spondor's name and added DERVER SANITARI COMPA	ess; include room or suite number	(employer, If for a singl	s-employer plan)	2b		Meation Number	
		•		20	Бролвог'я <b>tele</b> p	hons number	
3161 WALLFUT STREET				94	(303) 295-0331  2d Business code (see instructions		
US DENVER 38 Fign edministrator's name and	CO 80205			20	562000	(see mistructions)	
•				3c	Administrators	tetephone number	
4 If the name under EIN of the pi name, EIN, and the plan number	an sponsor has changed since the	e last return/report filed	for this plan, enter the	4b	EIN		
a Sponsor's name				40	₽N		
da. Total number of participants at	the beginning of the plan year		Access fil so a the particle being a being and the being designed by the particle being a bein	5a		10	
b Total number of participants at	the end of the plan year	CONTRACTOR DESCRIPTION OF THE PERSON OF THE	- Garman y y galasza, kisza i delde kolk bilde delebbet Printe d	5b		В	
C Number of participants with ago	Ount balances as of the and of the	plan year (defined ben	efit pigne do not	5c		8	
62 Were all of the plan's easels du	ring the plan year (prested in click	de essett? (See instru	Hinne 1				
b Are you diskrising a waiver of the	ennual exemination and report of ea instructions on waiver slightlity	en independent qualific		A)	16 14) di <del>fând de propuns</del> s	IXIYes □No  IXIYes □No	
	r line da or line 6b, the plan ceru	not use Form \$600-SF	and must instead use	Form	8600.	time and femaless.	
Caution: A penalty for the late or	incomplete filing of this return'r	oport will be neverue	i unices resconable cau	el oet	eetabilahed.		
Under penalties of parjury and other 35 or Schedule MS completed and ballef, it is true, correct, and complete	Signed by an entblied actuary, as t	ons, I doclare that I have well as the electronic ve	e examined this return/re eraion of this return/repor	p <b>ort,</b> ir <b>t, e</b> nd	cluding, if appli to the best of m	cable, a Schedule y knowledge and	
Jane I.	Smithe	1300014	Jane Smith		······	<del></del>	
Ric Signature of plan admini		Deto	Enter name of Individua	Latent	io se olen admi	nintertor	
Vane L.	Smith	13 00514	Cone Smith	ii oggriq	un va histi Britin	PS(IMD)	
BERE Moneture of employer/pl		Oste	Enter name of Individua	احاصط	15 GD 0045 5\/o-		
Preparers name (Including firm nam	ne, if applicable) and address; incli		er (optional)	Prepa	enordelas s'es	number (optional)	

₹P:	irt ill Financial Information		-				<del>"</del>		
7	Plan Assets and Liabilities	23.0	(a) Beginning of Year	r	(b) End of Year				
а	Total plan assets	7a	342,6	_	1	339,567			
b	Total plan liabilities	7b			233,007				
C	Net plan assets (subtract line 7b from line 7a)	7c	342,6	51.	339,567				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		<del>                                     </del>	(b) Total			
а	Contributions received or receivable from:		05 000			Walter W. W. Walter			
	(1) Employers	8a(1)	25,0	00	367				
_		8a(2)							
b	(3) Others (including rollovers)				1963				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	1,9		32.3	£3.	Market Committee of the		
	Benefits paid (Including direct rollovers and Insurance premiums	8c	W 1000 1000 W 1000 W	43 K	y av að	w125.5ee2	26,992		
	to provide benefits)	8ď	30,0	76	10	erene Persi			
е	Certain deemed and/or corrective distributions (see instructions)	8e			399A				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g			X 1/2	特形			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-	_	30,076		
i	Net income (loss) (subtract line 8h from line 8c)	81			2		(3,084)		
	Transfers to (from) the plan (see instructions)	8)			10) (4)	104	A PROPERTY OF THE PARTY.		
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Charac	teristi	c Cod	es in t	he instructions:		
	2E 2F 2G 2R 3D								
p	If the plan provides welfare benefits, enter the applicable welfare fea	ture code:	s from the List of Plan Characte	eristic	Code	s in th	e instructions:		
Pa	rt V Compliance Questions	•							
10	During the plan year:		V		Yes	No			
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	tions withle	the time period described in	10a	168	х	Amount		
b		(Do not I	nclude transactions reported	10b		x			
C	Was the plan covered by a fidelity bond?			10b		x			
d				100			<u> </u>		
	or dishonesty?	*******	*******************	10d		х			
ę	Insurance service or other organization that provides some or all o	f the bene	fits under the plan? (See						
	Instructions.)			10e		х			
	Has the plan failed to provide any benefit when due under the plan	1?	***************************************	10f		Х			
_ g	Did the plan have any participant loans? (if "Yes," enter amount as	of year e	nd.)	10g		x			
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		x			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	101		· · · · · · ·			
Pai	tVI Pension Funding Compliance			1:**	•••		No complete services ( ) and the		
11	ls this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	lule Si	B (Form Yes X No		
118	3 Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					_ T			
a	If a walver of the minimum funding standard for a prior year is bein granting the walver	g amortiz	ed in this plan year, see instruc	tions,	and e	nter ti			
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule				,				
	b Enter the minimum required contribution for this plan year								

	Form 5500-SF 2012	Page 3-					
C	Enter the amount contributed by the employer to the plan for this plan y	rear		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)	result (enter a minus sign to the left of a		12d			
0	Will the minimum funding amount reported on line 12d be met by the fu			🗀	Yes [	☐ No □	□ N/A
Part	VII Plan Terminations and Transfers of Assets				· · · · · · · · · · · · · · · · · · ·		
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	***************************************		☐ Ye	s X I	No	
	If "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?	sferred to another plan, or brought under	the co	ontrol		Yes	X No
C	if during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		13c	(2) EIN(	(8)	13c(3	) PN(s)
Part	VIII Trust Information (optional)					<u> </u>	<u> </u>
14a Name of trust					14b Trust's EIN		
			- 1				